



Statement on the 2026-27 Federal Budget

June 2026

About

The Australian Multicultural Health Collaborative (the Collaborative) is the national multicultural health peak body.

Vision Statement:

In a truly multicultural Australia, our health and social care system is committed to health equity, and works proactively towards sustained improvement in the physical, mental and spiritual health and wellbeing of our multicultural communities.

The Collaborative is an initiative of the Federation of Ethnic Communities' Councils of Australia (FECCA). We provide a national voice, leadership and advice on policy, research, data, and practice to improve access and equity, address systemic racism, and achieve better health and wellbeing outcomes for Australians from multicultural backgrounds.

The Collaborative is representative, and membership based. Members include consumers and carers; health services and wellbeing/social care services; practitioners; and researchers. The Collaborative also welcomes as affiliates other national health peak organisations

Budget 2026-27: A Multicultural Health Perspective

Turning Investment into Better Outcomes

The 2026-27 Federal Budget delivers substantial investment across Australia's health, aged care, disability and social care systems. Commitments including \$25 billion in additional public hospital funding through the National Health Reform Agreement, an \$11.4 billion Medicare package to strengthen bulk billing, \$1.8 billion for Medicare Urgent Care Clinics, lower PBS co-payments and major aged care reforms have the potential to improve outcomes for millions of Australians.

For multicultural communities, the central question is how these investments translate into improved access, better experiences of care and stronger health outcomes. The opportunity presented by this Budget is not only to strengthen services, but to ensure those services reach communities that have historically experienced poorer access and outcomes.

A multicultural community analysis of health budget measures is at Table 1.

Realising the Promise of Prevention

Some of the most significant opportunities within the Budget sit within prevention and early intervention. Expanded bowel cancer screening for people aged 45 to 49 years, investments in women's health, improved access to cervical cancer treatment and the introduction of subsidised RSV vaccination for older Australians all create opportunities for earlier diagnosis and intervention.

For multicultural communities, the effectiveness of these investments will depend on how well prevention programs connect with local communities, trusted leaders and culturally appropriate communication channels.



The Collaborative's experience from community-led cancer screening initiatives such as Own It, Health Check and It's Good to Know demonstrates that awareness alone rarely drives behaviour change. Participation increases when information is delivered by trusted messengers, supported by bicultural workers and embedded within community settings.

Strengthening the Foundations of Equitable Access

The Budget invests significantly in strengthening mainstream services through Medicare, hospitals, aged care and primary care reform. As these systems continue to evolve, access remains a critical consideration.

The conclusion of the nationally funded Multicultural Access Program in June 2026 presents an important moment to reflect on the role that dedicated multicultural access infrastructure has played in helping communities navigate complex systems and connect with care.

Navigation support, bicultural workforces and community-based engagement have recognised that equitable access often requires more than making a service available. It requires support that helps people understand the system, build confidence and engage with care in culturally safe ways.

As health and care systems become increasingly complex, maintaining strong pathways between communities and services remains essential to ensuring reforms achieve their intended outcomes.

Ensuring Multicultural Communities Are Visible in Future Health Investments

The Budget includes \$5.9 billion in new Pharmaceutical Benefits Scheme listings and a reduction in PBS co-payments to \$25, improving affordability for many Australians. These investments highlight the importance of ensuring multicultural communities are visible within the evidence, research and data that inform future decisions about medicines, treatment access and health priorities.

Many of the health conditions, treatment barriers and service access challenges experienced by multicultural communities remain poorly understood because they are not consistently captured within national datasets. Improving visibility enables better planning, more targeted investment and stronger accountability for outcomes.

Building the Evidence Base for Health Equity

The Budget continues to invest in health system improvement, research and innovation. As governments seek to improve the effectiveness of these investments, there is an opportunity to strengthen the evidence base that informs future policy decisions.

Nationally consistent ethnicity data collection remains limited across many parts of the health system. This makes it difficult to identify inequities, target resources, evaluate reforms and understand which communities are benefiting from investment.

Building a stronger evidence base through improved ethnicity data collection, better data linkage and dedicated multicultural health research will support more effective policy development and service planning into the future.

Building a Workforce Equipped for a Diverse Australia

One of the most significant multicultural health investments in the Budget is the \$10.8 million Health in My Language program, which will recruit, train and support bicultural women's health educators.

The program demonstrates the value of bicultural workforce models in improving health literacy, trust and engagement. It also highlights the broader opportunity to embed cultural capability across Australia's health, disability and aged care workforces.

As Australia's population becomes increasingly diverse, workforce capability will become an increasingly important determinant of quality care, access and health outcomes.



Ensuring Mental Health Reform Reaches Every Community

Mental health remains one of the most significant concerns raised through community consultations. The Budget extends the National Mental Health and Suicide Prevention Agreement and builds on more than \$1.1 billion in mental health investments. These reforms strengthen the foundations of Australia's mental health system and create opportunities to improve access to care.

For multicultural communities, experiences of loneliness, trauma, settlement stress, stigma and difficulties navigating services continue to influence help-seeking behaviour. Improving outcomes will depend not only on service availability, but on trust, awareness and culturally responsive service delivery.

Supporting Inclusive Digital Health Reform

Investments in My Health Record and broader digital health reforms have the potential to improve continuity of care, access to information and patient engagement.

For many multicultural communities, the benefits of digital transformation will depend on confidence, trust and the ability to navigate increasingly digital systems. Supporting inclusive digital health reform requires practical assistance, culturally appropriate communication and ongoing community engagement.

Delivering Aged Care Reform Through Partnership

The Budget includes significant aged care investments, including the introduction of free personal care under Support at Home from October 2026, additional home care packages, continued support for residential aged care sustainability, expanded end-of-life care initiatives and further investment in Specialist Dementia Care Units.

These reforms have the potential to improve access, affordability and quality of care for older Australians.

For multicultural older people, successful implementation will depend on more than funding arrangements. Understanding reforms, navigating service options and accessing information in culturally appropriate ways remain central to participation. Community educators, bicultural workers and trusted local organisations continue to play an important role in helping older people engage with aged care services and make informed decisions.

Supporting Equitable Outcomes Through NDIS Reform

The next phase of NDIS reform will have significant implications for participants, families and carers. Planned reforms, including functional capacity assessments, changes to plan management arrangements and broader eligibility reforms, are intended to improve consistency and sustainability across the scheme.

Implementation will be critical to ensuring these reforms deliver equitable outcomes for all participants. Many multicultural communities already face barriers navigating disability systems, understanding eligibility requirements and accessing advocacy support. As reforms are introduced, there is an opportunity to strengthen cultural responsiveness, improve accessibility and ensure participants can effectively engage with assessment and planning processes.

Delivering Value Through Inclusion

The Australian Multicultural Health Collaborative recognises that governments are making these investments in a challenging fiscal environment, shaped by cost-of-living pressures, rising demand across health and care systems, workforce shortages and broader global uncertainty.

Investment in multicultural health is not a separate agenda from health system reform. It is an opportunity to improve the effectiveness of existing investments. Every dollar invested in helping people access services earlier, participate in preventive health



programs, navigate systems confidently and receive care in culturally safe ways strengthens the return on investment from broader spending on hospitals, Medicare, medicines, mental health, aged care and disability.

Earlier intervention, improved service utilisation, better screening participation and reduced avoidable demand on acute services all contribute to better outcomes for individuals and more efficient use of public resources.

Building a Health System That Works for Everyone

The 2026-27 Budget represents a significant investment in Australia's future health and wellbeing. The challenge now is not whether funding has been allocated, but whether those investments will be experienced equitably across the population.

For multicultural communities, better outcomes will not be achieved through funding alone. They will be achieved when people can understand the system, trust the information they receive, navigate services with confidence and access care that is responsive to their cultural, linguistic and social realities. When this occurs, prevention becomes more effective, health services are used earlier and more appropriately, and reforms deliver the outcomes they were designed to achieve.

The success of this Budget should ultimately be measured not only by the number of services funded, but by who is able to benefit from them. If some communities continue to face barriers to access, navigation and participation, health inequities will persist regardless of investment levels.

Australia's diversity is one of its greatest strengths. Ensuring that health, aged care, disability and mental health reforms work for multicultural communities is therefore not a separate policy challenge. It is fundamental to building a stronger, more effective and more sustainable health system for the nation as a whole.

The Australian Multicultural Health Collaborative looks forward to working alongside governments, health services, researchers, clinicians and communities to ensure these investments translate into measurable improvements in health equity and wellbeing. In a period of significant reform, there is an opportunity not simply to invest more in the health system, but to ensure the health system works better for everyone.



Table 1: Key Health Measures - CALD Community Analysis

Measure	Investment	Timeframe	CALD relevance
Additional public hospital funding (NHRA)	\$25 billion additional/\$220.3b over 5yrs	5 years	Universal benefit; First Nations dedicated schedule embedded
Bulk billing incentives	\$11.4 billion	Ongoing	Reduces financial barrier for CALD communities; does not address cultural safety gap
Medicare Urgent Care Clinics - made permanent	\$1.8b + \$580.2m/yr ongoing	Permanent	Free walk-in access benefits uninsured and CALD communities
PBS new listings (incl. cystic fibrosis, cancers, kidney disease, COVID antivirals)	\$5.9 billion	From 2026-27	Universal benefit; co-payment cut to \$25 benefits low-income households
RSV vaccine (Arexvy) - older Australians	\$449.3 million	From 2026-27	Universal benefit for eligible older Australians
Health in My Language - bicultural women's health educators	\$10.8 million	2 years: 2026-27 and 2027-28	Only dedicated CALD-specific health program in the budget. Confirmed 2-year commitment (\$10.8m). FECCA/AMWA/The Collaborative will seek ongoing funding beyond 2027-28.
NDIS reforms - eligibility, assessments, plan resets	\$37.8b savings projected	From Jan 2028	Disproportionate CALD impact: functional capacity assessments require high-stakes self-advocacy; language and navigation barriers compound
Thriving Kids - foundational supports for children with developmental delay/autism	\$2b Commonwealth (\$4b with states)	From Oct 2026	'Responsive to diverse needs' -- no cultural safety design detail or language access requirement disclosed
Aged care - beds, Support at Home, personal care subsidy	\$3.7 billion	From 2026-27	Personal care fully subsidised from Oct 2026; no CALD-specific aged care investment identified
Mental health - National Agreement extension + new centres	\$277.5m extension + \$1.1b package	12-month extension + ongoing	Universal access; no culturally-safe or multilingual mental health investment identified
Public Dental Services - adults, permanent	\$431m + \$107.8m/yr ongoing	Permanent	Significant for CALD communities with dental access barriers
First Nations hospital funding - dedicated NHRA schedule	\$248.7m Commonwealth + \$200m states	5 years	Closes the Gap embedding - no equivalent for CALD communities
PHN Multicultural Access Programs	\$68.4 million invested in 2025-26	Program will cease June 2026	The 2026-27 budget has not continued this as a named investment, instead merging it into an undifferentiated pool with no dedicated multicultural communities line.



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